

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152435

FILED
Mar 11, 2005
Secretary of State

Entity Name: CARE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

1250 NW 7 ST
205
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1250 NW 7 ST
205
MIAMI, FL 33125

New Mailing Address:

FEI Number: 83-0380658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ALEXIS A
1250 NW 7 STREET
#205
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, ALEXIS A
Address: 1250 NW 7 ST, SUITE 205
City-St-Zip: MIAMI, FL 33125

Title: V () Delete
Name: CASAS, LYDIA
Address: 1250 NW 7 ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: GARCIA, ALEXIS A
Address: 1250 NW 7 ST SUITE 205
City-St-Zip: MIAMI, FL 33125

Title: TS (X) Change () Addition
Name: GARCIA, ALEXIS A
Address: 1250 NW 7 ST SUITE 205
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS A. GARCIA

PVPD

03/11/2005

Electronic Signature of Signing Officer or Director

Date